

WEST AFRICA – EBOLA OUTBREAK

FACT SHEET #3, FISCAL YEAR (FY) 2015

OCTOBER 15, 2014

NUMBERS AT A GLANCE

8,973

Total Number of Suspected and Confirmed Ebola Virus Disease (EVD) Cases in Acutely Affected Countries*
U.N. World Health Organization (WHO) – October 15, 2014

4,484

Total Number of EVD-Related Deaths
WHO – October 15, 2014

4,249

Total Number of EVD Cases in Liberia*
WHO – October 15, 2014

3,252

Total Number of EVD Cases in Sierra Leone*
WHO – October 10, 2014

1,472

Total Number of EVD Cases in Guinea*
WHO – October 15, 2014

*Includes laboratory-confirmed, probable, and suspected EVD cases.

HIGHLIGHTS

- On October 14, USAID Administrator Rajiv Shah announced nearly \$142 million in USAID humanitarian activities to support the EVD response in acutely affected countries of West Africa, including in Guinea, Liberia, and Sierra Leone.
- U.S. President Barack H. Obama spoke with U.N. Secretary-General Ban Ki-moon on October 13 to stress the importance of member state support to the U.N.'s EVD outbreak appeal and the need to provide more support to EVD-affected areas.

HUMANITARIAN FUNDING TOWARD USG EVD RESPONSE TO DATE IN FY 2014 & 2015

USAID/OFDA ¹	\$99,814,002
USAID/FFP ²	\$20,469,521
USAID/GH ³	\$13,840,000
USAID/Liberia	\$5,000,000
USAID/Guinea	\$3,400,000
USAID Pledged Funds	\$64,412,090
DoD ⁴	\$34,577,000
CDC ⁵	\$16,722,000 ⁶

\$258,234,613⁷

TOTAL USG ASSISTANCE TO THE WEST AFRICA EVD OUTBREAK RESPONSE

KEY DEVELOPMENTS

- USAID Administrator Rajiv Shah is traveling to Liberia, Sierra Leone, Guinea, and Senegal from October 13–17 to meet with national and local officials, aid organizations, and staff coordinating the international response to the Ebola outbreak in West Africa. USAID is helping coordinate the USG's whole-of-government response to the EVD outbreak that leverages broad expertise and personnel from several federal departments and agencies, including DoD, Department of Health and Human Services, the Department of State, and CDC. On October 14, in Monrovia, Liberia, Administrator Shah announced nearly \$142 million in USAID humanitarian activities to support the EVD response. The USAID activities in Guinea, Liberia, and Sierra Leone include construction and support of EVD treatment units (ETUs), critical training for health care workers (HCWs), and social messaging and mobilization.
- CDC has downgraded the travel notice for Nigeria to a Watch, Level 1, as a result of the decreased risk of contracting EVD in Nigeria. While travelers to Nigeria should practice usual precautions, CDC will remove their travel notice if no further cases of EVD are reported in Nigeria. All 891 contacts in Nigeria had completed the 21-day follow-on contact tracing period as of October 10, according to WHO.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ USAID's Bureau for Global Health (USAID/GH)

⁴ U.S. Department of Defense (DoD)

⁵ U.S. Centers for Disease Control and Prevention (CDC)

⁶ CDC funding as of September 30; total includes estimated salaries and benefits and funding from all sources. USAID/OFDA funding to CDC—\$3 million—is not included in this total.

⁷ Total funding figures reflect committed international funding to date. This number represents a subset of the total USG effort.

CURRENT SITUATION

- Director-General WHO Dr. Margaret Chan reported in a speech on October 13 that the EVD outbreak in West Africa is the most severe public health emergency in modern times, noting that it has progressed from a public health crisis to a crisis of international peace and security.
 - As of October 14, international non-government organization (NGO) Médecins Sans Frontières (MSF) reported that 16 staff members had contracted EVD, and nine had died as a result of the disease, according to international media. MSF continues to operate ETUs in all three acutely affected countries in West Africa.
 - The U.N. Special Representative of the Secretary-General and head of the U.N. Mission for Ebola Emergency Response (UNMEER) Anthony Banbury met with Ghana's Minister for Health the week of October 13 to discuss the upcoming UNMEER EVD preparedness, prevention, and response planning conference in Accra, Ghana. The conference, scheduled for October 15–18, aims to bring together government officials and leaders of the most-affected countries, other members of Economic Community of West African States, humanitarian actors, and donor representatives.
 - On October 14, WHO Assistant Director-General Bruce Aylward stated that up to 10,000 people per week could contract EVD by early December. To curb infection rates, WHO is proposing that the international response focus on safely burying 70 percent of deceased patients and isolating 70 percent of cases within the next 60 days.
-
-

Liberia

- Disputes over HCW salaries and risk pay continue to challenge EVD response efforts in Liberia, with reported disparities between the salaries of civil servant and non-civil servant staff performing health care duties, according to the WHO. On October 14, international media reported that HCWs ended a two-day strike to secure risk pay, noting that international requests and the desire to continue providing care to EVD patients influenced their decision to end the strike.
- Through an International Rescue Committee (IRC)-led consortium, NGO member Action Contra le Faim (ACF) is conducting contact-tracing activities in Montserrado County, Liberia. Between September 29 and October 5, ACF documented 850 new contacts, bringing the total number of contacts under follow-up to more than 3,600. During the same period, ACF reported that 12 contacts developed EVD symptoms and health workers referred them to ETUs. To date, USAID/OFDA has provided more than \$2.9 million to the consortium for EVD prevention and response activities.
- On October 9, additional DoD personnel and air assets—including 90 U.S. Marines and four aircraft—arrived in Liberia to support EVD response efforts. As of October 15, more than 430 DoD personnel are in Liberia to support the EVD response.
- On October 8, USAID/OFDA partner International Medical Corps (IMC) reported that it was supporting 17 suspected and confirmed patients with EVD at its USG-funded ETU in Bong County, Liberia. Of the 77 total patients admitted to the ETU between September 15 and October 8, IMC discharged 27 cases that tested negative for EVD, reported 25 deaths due to EVD, and released eight EVD survivors. IMC continues to use the recently established DoD mobile laboratory in Bong County to evaluate suspected cases and release those with negative EVD test results.

Sierra Leone

- Representatives from CDC note that the number of EVD cases reported in Kenema and Kailahun—two of Sierra Leone's most-affected districts—have declined in the past four weeks. CDC is assessing how the multiple EVD response efforts, such as ETUs, safe burial teams, and community mobilization activities, have contributed to the decreased caseload. CDC is also analyzing the impact of engaging with traditional community leaders, who have actively contributed to improving community awareness of EVD and preventative behaviors. CDC also reports that surveillance in the districts of Western Area, Port Loko, Tonkolili, and Bombali has uncovered a considerable increase in EVD cases. CDC representatives note that controlling the EVD outbreak in urban areas will likely be considerably more difficult than controlling the spread in rural areas due to population density and mobility.
- The U.N. World Food Program (WFP) reports that providing food to Sierra Leone's five quarantined districts of Port Loko, Bombali, Moyamba, Kenema, and Kailahun, along with EVD treatment and transit centers and quarantined areas of Sierra Leone's capital of Freetown is the agency's top priority in Sierra Leone. In September, WFP provided 1,200 metric tons (MT) of food to more than 208,000 people across the country. As of October 13, WFP had ongoing food

distributions in treatment centers and quarantined areas in Freetown. Additionally, WFP has loaded and pre-positioned trucks of food to expand WFP distributions to rural areas during the week of October 13.

- Health personnel—including CDC representatives—are investigating MSF staff EVD infections at the MSF-run ETU in Bo District, Sierra Leone. MSF recently reported four HCW infections with similar symptom onset dates. In response, MSF suspended admissions to the ETU for 48 hours to enable investigations into the EVD transmission to HCWs and assess infection control measures.

Guinea

- An interagency assessment team—comprising Government of Guinea (GoG) Ministry of Health (MoH) staff, as well as WHO and other international partner representatives—traveled to Coyah Prefecture in Guinea on October 8 to assess the EVD situation following the increase in reported cases in early October. The team found two active transmission areas approximately 12 miles apart and noted insufficient community mobilization activities, material and logistics support for safe burials, and personal protective equipment (PPE), including gloves and chlorine, in health facilities. In response, the GoG MoH and international partners are mobilizing additional community HCWs for contact tracing and providing additional PPE to health centers, with increased training in infection control. USAID/OFDA partner the International Federation of Red Cross and Red Crescent Societies (IFRC) provided a vehicle and other support to the burial team.
- On October 9, MSF reported a spike in new EVD cases in Guinea, noting that the number of cases has increased steadily since the end of August. MSF highlighted that its two ETUs in Conakry and Guéckédou are caring for more than 120 patients—85 confirmed to have EVD—and renovating the site in Conakry to increase available space may not be sufficient to respond to the increased caseload. According to MSF, of the 220 confirmed cases admitted to its Conakry ETU to date, 105 have recovered.
- As part of social mobilization efforts in response to the ongoing EVD outbreak, IFRC continued its mass media campaign in Guinea with hour-long programs three-times a week in three languages that inform listeners on EVD transmission and prevention. The broadcast reaches the most-affected areas of Guéckédou, Macenta, and Téliimélé.

LOGISTICS AND RELIEF COMMODITIES

- In early October, WFP announced a new regional special operation to support the EVD response Guinea, Liberia, and Sierra Leone. The \$87 million special operation aims to augment the existing logistics platform to scale-up operational capabilities of the response. The new special operation priorities for the three affected countries include: procuring equipment to set up ETUs and CCCs; establishing 12 logistics bases to prioritize, consolidate, and dispatch equipment; augment transport capacity; and mobilize additional staff—such as logisticians, engineers, operations support officers, and telecommunications specialists—across the region.
- USAID/OFDA airlifted commodities—including 11,000 meters of barrier fencing, 200 infrared thermometers, 500 backpack sprayers, and 30 tents—arrived in Monrovia, Liberia, on October 10 to support EVD response activities throughout the country.

FOOD SECURITY AND LIVELIHOODS

- The USAID-supported Famine Early Warning Systems Network (FEWS NET) anticipates a major food crisis in West Africa if the number of EVD cases continues to rise exponentially over the coming months. FEWS NET notes that populations could face moderate to extreme food consumption gaps, equivalent to Crisis—IPC 3—and Emergency—IPC 4—levels of food insecurity, by March 2015.⁸ EVD-affected households, as well as poor households dependent on markets to access food, would face the most severe food security situation. In addition to efforts to reduce the spread of the disease, FEWS NET reports that contingency planning for an expanded emergency food assistance response is urgently needed given that the size of the food insecure population could be two-to-three times higher than currently planned. As of October 8, WFP reports that it had delivered 7,100 MT of direct food assistance to 458,000 EVD-affected people in Guinea, Liberia, and Sierra Leone, since April 2014.
- In its first series of assessments conducted with remote technologies in Sierra Leone, WFP reports that households in the Kailahun and Kenema districts are finding it more difficult to feed their families than in other parts of the country.

⁸ The Integrated Food Security Phase Classification (IPC) is a standardized tool that aims to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries, ranges from Minimal—IPC 1—to Famine—IPC 5.

The WFP report notes that households in these districts are reducing the number of daily meals, serving smaller portions, and eating less expensive food to cope with food shortages and increased prices.

- A U.N. Development Program policy note on the socio-economic impact of Ebola found that the EVD outbreak is destroying gains in household income made over the past 15 years. Guinea, Liberia and Sierra Leone have consistently experienced an improved level of per capita income since 2001, averaging an annual growth rate of 4.3 percent in Guinea, 8.7 percent in Liberia, and 13.5 percent in Sierra Leone. However, according to the report, the ongoing EVD outbreak has led to severe losses in household incomes—35 percent in Liberia, 29.7 percent in Sierra Leone, and 12.7 percent in Guinea.

COMMUNICATION AND MESSAGING

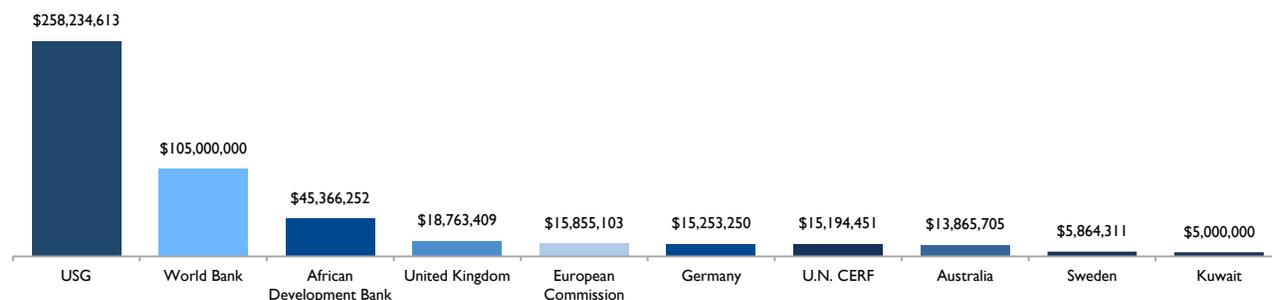
- Between mid-August and early October, USAID/OFDA partner Global Communities (GC) reached more than 2,700 people from more than 660 communities through community mobilization meetings in Lofa, Bong, and Nimba counties in Liberia. In addition, with USAID/OFDA support, IFRC has reached more than 433,000 people to date with EVD messaging, targeting communities in 11 of Liberia’s 15 counties.
- IFRC also hosts a one-hour call-in radio show each week in Sierra Leone for questions and answers about EVD, reaching an estimated 6.3 million people across the country.

INTERNATIONAL RESPONSE

- The U.K.’s International Development Secretary Justine Greening reported on October 12 that the U.K. airlifted beds, PPE, tents, and 10 vehicles to Freetown, Sierra Leone, to support EVD response efforts. Aid flights from the U.K. to Sierra Leone have delivered personnel and supplies for the construction and operation of a planned 92-bed ETU in Kerry Town—the first of at least five treatment facilities that the U.K. plans to build in Sierra Leone, according to the U.K.’s Department for International Development (DFID). Secretary Greening also reported that a team of logisticians, planners, and engineers are currently in Sierra Leone to oversee the construction of the treatment center. In addition to treatment facilities, DFID is also supporting WHO to train more than 120 HCWs per week in Sierra Leone.
- DFID recently announced the establishment of an NGO-managed Ebola Emergency Response Fund (DEERF) for Sierra Leone to support immediate actions to address urgent gaps in the current EVD response through small grants to implementing partners. DFID also released a call for partners to staff, manage, and operate four new ETUs in Sierra Leone. Each of the four centers—planned for Freetown, Makeni, Port Loko, and Bo—has a planned capacity of 50–100 beds.
- The European Union announced €3 million—approximately \$3.8 million—in funding to support medical evacuation for humanitarian workers who contract EVD while working in West Africa, according to the Logistics Cluster—the coordinating body for humanitarian logistics activities, comprising U.N. agencies and other stakeholders. Coordinated by the European Commission’s Emergency Response Coordination Center, the evacuation plan will enable air transport of infected humanitarian workers to European hospitals equipped to handle EVD cases in less than 48 hours.

2014 TOTAL FUNDING FOR THE EBOLA RESPONSE*

PER DONOR



* Funding figures are as of October 15, 2014. All international figures are according to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service and based on international commitments during the 2014 calendar year, while USG figures are according to the USG and reflect USG commitments from FY 2014 and FY 2015, which began on October 1, 2013 and October 1, 2014, respectively.

CONTEXT

- EVD is a severe illness transmitted through direct contact with the blood, body fluids, and tissues of infected animals or people. There is currently no cure or preventive vaccine for EVD.
- On August 4, U.S. Ambassador Deborah R. Malac declared a disaster due to the effects of the EVD outbreak in Liberia. U.S. Chargé d’Affaires Kathleen FitzGibbon declared a disaster in Sierra Leone on August 13. On August 15, U.S. Chargé d’Affaires Ervin Massinga declared a disaster in Guinea.
- The USG deployed a field-based Disaster Assistance Response Team (DART) on August 5 and established a corresponding RMT based in Washington, D.C. The DART—comprising disaster response and medical experts from USAID/OFDA, CDC, and DoD—is working to identify key needs stemming from the EVD outbreak, amplify humanitarian response efforts, and coordinate all USG efforts to support the EVD response.

USG HUMANITARIAN ASSISTANCE TO THE EBOLA RESPONSE PROVIDED IN FY 2014 & 2015¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/OFDA²			
REGIONAL			
African Union	Health	Guinea, Liberia, Sierra Leone	\$10,000,000
CDC	Health	Guinea, Liberia, Sierra Leone	\$3,000,000
U.N. Children's Fund (UNICEF)	Health	Guinea, Liberia, Sierra Leone	\$600,000
UNHAS	Logistics Support and Relief Commodities	Guinea, Liberia, Sierra Leone	\$250,000
	Program Support		\$1,418,804
LIBERIA			
GC	Health	Liberia	\$18,014,224
IFRC	Health	Liberia	\$1,000,000
IMC	Health	Liberia	\$4,906,604
International Organization for Migration (IOM)	Health	Liberia	\$28,048,894
IRC	Health	Liberia	\$2,969,196
MENTOR Initiative	Health	Liberia	\$1,598,314
Project Concern International (PCI)	Health, Logistics Support and Relief Commodities	Liberia	\$1,550,723
Samaritan's Purse (SP)	Health, Logistics Support and Relief Commodities	Liberia	\$7,626,161
Save the Children (SC)	Health, Protection, Water, Sanitation, and Hygiene	Liberia	\$8,276,263
UNICEF	Health	Liberia	\$2,224,044
UNICEF	Logistics Support and Relief Commodities	Liberia	\$680,333
USAID/OFDA-Airlifted Relief Commodities	Logistics Support and Relief Commodities	Liberia	\$2,122,816
SIERRA LEONE			
IFRC	Health	Sierra Leone	\$3,500,000
GUINEA			
IFRC	Health	Guinea	\$999,552
Plan International	Health	Guinea	\$1,028,074
TOTAL USAID/OFDA ASSISTANCE TO EVD RESPONSE EFFORTS			\$99,814,002
USAID/FFP			
WFP	WFP Regional Emergency Operation	Guinea, Liberia, Sierra Leone	\$20,469,521
TOTAL USAID/FFP ASSISTANCE TO EVD RESPONSE EFFORTS			\$20,469,521

USAID/GH			
WHO	Health	Guinea, Liberia, Nigeria, Sierra Leone; neighboring at-risk countries	\$8,950,000
Johns Hopkins Center for Communication Programs	Health	Guinea, Liberia, Sierra Leone	\$4,890,000
TOTAL USAID/GH ASSISTANCE TO EVD RESPONSE EFFORTS			\$13,840,000
USAID/Liberia			
GoL Ministry of Health and Social Welfare	Health	Liberia	\$5,000,000
TOTAL USAID/Liberia ASSISTANCE TO EVD RESPONSE EFFORTS			\$5,000,000
USAID/Guinea			
	Planned Health Assistance	Guinea	\$3,400,000
TOTAL USAID/Guinea ASSISTANCE TO EVD RESPONSE EFFORTS			\$3,400,000
USAID Pledged Funds			
Uncommitted Funds to Response Agencies	Multi-Sectoral	Guinea, Liberia, Sierra Leone	\$64,412,090
TOTAL USAID Pledged Funds			\$64,412,090
DoD			
DoD		Liberia	\$34,577,000
TOTAL DoD ASSISTANCE TO EVD RESPONSE EFFORTS			\$34,577,000
CDC			
CDC	Health	West Africa	\$16,722,000
TOTAL CDC ASSISTANCE TO EVD RESPONSE EFFORTS			\$16,722,000
TOTAL USG ASSISTANCE TO EVD RESPONSE EFFORTS IN FY 2014 & 2015			\$258,234,613

¹Year of funding indicates the date of commitment or obligation, not appropriation, of funds.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - The Center for International Disaster Information: www.cidi.org or +1.202.821.1999.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>